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Patient MCINERNEY, GEORGE
Attending

Birth Date 06/09/2012
MR # 01873427

Sex M
Pt #

Rm/Bed
Adm Date

Jul 05, 2014 13:06

eCW Progress Note

Patient Name: MCINERNEY, GEORGE FRED
DOB: 06/09/2012
Gender: Male
MRN: 01873427

External Visit ID:
Appointment Facility: 6M Urgent Care Appt
Visit Date: 07/05/2014
Physician: Gould, Meghan D
Physician Pager No: 415-443-6333

REASON FOR APPOINTMENT
1. bruising on bottom and upper thigh. lethargic last night after
being picked up from Father's house
2. No medicine

HISTORY OF PRESENT ILLNESS

Well Child Intake:
(up to age 8) Carseat information provided?
.yes.

Accompanied by:

.mother.

Concerns:

.mother worried about child abuse by father.

*Interval History:

..

Immunizations up to date?

.UTD- missed appointment on thursday.

Patient seen in last 7 days for similar complaint?
seen here last weekend.

Alternate telephone contact:

..

Nursing Assessment:

.patient appropriate, lung sounds clear, bruising present on
abdomen and upper thigh, decreased PO intake, mother states
patient acts different after she picks him up from father's house.

*Screening/ Risk Assessments:

SFGH Screening

Here for a primary emotional / behavioral diagnosis? No .

*Falls Risk Screening

Have you fallen in the past six months? __

*Interim History:

--

2yo previously healthy M bib Mother for concerning bruises after
picking up child from father's home yesterday. Mother and Father
share joint custody and child spends M morning-W afternoon, Th
morning-F afternoon at father's home. Mom reports a history of
concerning bruising on child's legs for which she brought patient
in last week. She states patient is fussier when coming back from
father's and is unhappier each time she has to drop him off. She
states the bruising on his buttocks were not present when she
dropped him off on Thursday and that he was less interactive last
night after she picked him up. She had called Foster City police
and stated the police officer thought the bruising was concerning
for child abuse.

The child has otherwise been eating and drinking normally for Mom
(she reports he drinks lots of milk, but eats very little when
with her). No vomiting, no abnormal bowel or bladder complaints,
no other abnormal bleeding.

No formal CPS referral has been made previously from clinic.
though patient's mother has called the Foster City CPS hotline in

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the past to report concerning bruising and there is a social worker assigned to his case. Foster City on call social worker in room during interview (Nancy Nieves, 650-802-7922).

CURRENT MEDICATIONS

None

PAST MEDICAL HISTORY

No Medical History.

ALLERGIES

N.K.D.A.

SURGICAL HISTORY

No Surgical History documented.

FAMILY HISTORY

Father: alive

Mother: alive

SOCIAL HISTORY

Shared custody between mom and dad. Mom in process of identifying an attorney to assist her.

REVIEW OF SYSTEMS

*ROS:

See also HPI for pertinent ROS

VITAL SIGNS

HR 125-crying, 07/05/2014 01:21:31 PM, Stacy Pashea
RR 36-crying, 07/05/2014 01:21:31 PM, Stacy Pashea
Temp 36.6 C, 07/05/2014 01:21:31 PM, Stacy Pashea
Wt 32.41 lbs, 07/05/2014 01:21:31 PM, Stacy Pashea
Wt-kg 14.7 kg, 07/05/2014 01:21:31 PM, Stacy Pashea
Ht 35.04 in, 07/05/2014 01:21:31 PM, Stacy Pashea
Ht-cm 89 cm, 07/05/2014 01:21:31 PM, Stacy Pashea
Oxygen sat 99 %, 07/05/2014 01:21:31 PM, Stacy Pashea
Pain scale 0 1-10, 07/05/2014 01:21:31 PM, Stacy Pashea
BMI 18.56 Index, 07/05/2014 01:21:31 PM, Stacy Pashea
BMI Percentile 89.53 %, 07/05/2014 01:21:31 PM, Stacy Pashea
Wt 95.2 %, 07/05/2014 01:21:31 PM, Stacy Pashea
Ht 65.08 %, 07/05/2014 01:21:31 PM, Stacy Pashea

EXAMINATION

*PediExam:

GENERAL: Alert, active and well-appearing.
SKIN: No rashes. Buttocks: two 2cm brown circular bruises noted on left medial buttock, two 1cm circular brownish-purple bruises on right outer buttock.
HEAD: Normocephalic, atraumatic, non-dysmorphic.
EYES: Conjunctiva normal, no discharge., PERRL, EOMI.
EARS: Pinna with normal shape and rotation., Bilateral TMs, normal..
NOSE: Nares patent bilaterally. No discharge..
OROPHARYNX: Moist mucous membranes., Oropharynx clear..
DENTAL: No visible dental problem..
NECK: full range of motion, no LAD.
CHEST/BREASTS: no asymmetry.
RESP: CTAB., No respiratory distress.
CV: nl S1 S2 RRR, No murmurs, gallops, or rubs..
ABD: soft, NT, ND, No masses.
MALE GU: Normal circumcised male, testes descended bilaterally. No bruising, scratches or lesions around penis. no discharge or bleeding from meatus. No anal fissures or other evidence of trauma noted. Bruising on buttock as noted above..
BACK: No scoliosis.
EXT/MUSCULOSKEL: warm, well-perfused. Normal strength and range of motion, patient uses all 4 extremities symmetrically, no limp..
NEURO: Normal gait for age., CN2-12 grossly normal..

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ATTESTATION

ATTENDING NOTE:

In Room Resident Supervision I personally examined the patient and confirmed the examination performed by the resident physician below. I provided this service on the date of this patient's visit. I have reviewed relevant historical information and diagnostic results. I have discussed the differential diagnosis, work-up and treatment plan with the resident physician, and approved the plan. Patient education received and understanding confirmed. Additional pertinent information is below: 2 year old male, currently parents sharing joint custody. Dad takes care of him Mon-Wed, Thurs am-Fri. Has been concerned about bruising of child last few months. Last seen 5/23 for bruises on shins. Thought normal bruising for age and not c/w non-accidental trauma. At that time also a concern of possible inappropriate touching by an uncle. Not substantiated. Yesterday Mom noticed bruises to his thigh and buttocks that she hadn't noticed before just after picking him up from Dad. No vomiting, no limping, no altered mental status. Otherwise healthy child. Per Mom Pt complains and acts out when he has to go to father's house. San Mateo CPS worker Nancy Nieves, accompanied Mom at this visit. Mom contacted her this morning. Dad lives in San Francisco. On exam: Well appearing, upset by examination. Has 2x 1 cm diam brown-yellow macules right outer buttock and two 2cm brown macules on left buttock. Few red streaks are present on bilateral buttocks. There is a superficial abrasion to left knee. Pt. is fully weight bearing with full use of arms and legs: EOMI, PERRL. Unable to do Fundoscopic exam 2/2 poor cooperation. Head is atraumatic. Abdomen soft, nt, nd, BS+. Heart RRR. TMS normal. Throat and mouth appear normal. Anus and genitals without fissures, bruising or abrasion. Assessment: Concern for NAT. Though injuries mild at this time, Mom has made repeated requests over past several months and bruises now located in area of heightened concern for NAT.

CBC and coags wnl. 6:45pm: CPS and SFPD completed eval. CPS to start investigation. Safety plan completed with Mom. Child to stay with Mom until investigation complete.

ASSESSMENTS & PLAN

Contusion of buttock - 922.32, Bruising on buttocks concerning for NAT due to location, not typical for normal activity-related bruising.

Photographs of bruising documented. Sent cbc/coags to r/o bleeding disorders, results reviewed and negative for bleeding disorder. CPS and SFPD evaluated case for emergency intervention. CPS safety plan in place. Mother of patient reassured and return precautions given. CPS to further investigate case on Monday

TREATMENT & ORDERS

Contusion of buttock

LAB: CBC + PLATELET + DIFFERENTIAL

AUTO ABS BASOPHIL	0.12	((NRR) - k/uL)
AUTO ABS EOSINOPHIL	0.23	((NRR) - k/uL)
AUTO ABS LARGE LYMPH	0.53	((NRR) - k/uL)
AUTO ABS LYMPHOCYTE	5.59	((NRR) - k/uL)
AUTO ABS MONOCYTE	0.47	((NRR) - k/uL)
AUTO ABS NEUTROPHIL	2.63	((NRR) - k/uL)
AUTOMATED BASOPHIL	1.2	((0-2) - %)
AUTOMATED EOSINOPHIL	2.4	((0-4) - %)

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LARGE LYMPHOCYTE 5.5 ((0-4.5) - %)
HEMATOCRIT 38.4 ((34.0-40.0) - %)
HEMOGLOBIN 13.4 ((11.5-13.5) - g/dL)
AUTOMATED LYMPHOCYTE 59.1 ((25-60) - %)
MCH 26.7 ((24.0-30.0) - pg)
MCHC 34.8 ((31.0-37.0) - g/dL)
MCV 76.6 ((75.0-87.0) - fL)
AUTOMATED MONOCYTE 4.9 ((1-9) - %)
AUTOMATED NEUTROPHIL 27.8 ((23-52) - %)
PLATELET COUNT 373 ((150-400) - k/uL)
RBC COUNT 5.02 ((3.90-5.30) - Mil/uL)
WBC COUNT 9.6 ((5.5-17.0) - k/uL)
LAB: PT PTT INR COAGULATION
INT'L NORMAL'D RATIO 1.0 ((<1.2) -)
PT 13.3 ((<14.4) - sec)
ACTIVATED PTT 28.1 ((<37.6) - sec)

PROCEDURE CODES

94760 MEASURE BLOOD OXYGEN LEVEL

DISPOSITION & COMMUNICATION

Appointment Provider: Meghan Gould, MD
Electronically signed by Heyman Co, MD-R1 on
07/05/2014 at 07:46 PM PDT
CONFIRMATORY SIGN OFF

Disclaimer :

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